

# Account Closing Authorization

Dear Sir or Madam:

Please close my account(s) indicated below effective \_\_\_\_ / \_\_\_\_ / \_\_\_\_.

Name(s) on Account: \_\_\_\_\_

Type of Account: \_\_\_\_\_ Account Number(s) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- No disbursement of funds is necessary.  
 The account balance is zero       I have deposited a check for the balance in my new institution.

- Disbursement of funds is necessary. Prepare a cashier's check for the balance of my account payable to:

Name(s) on the account: \_\_\_\_\_

\_\_\_\_\_

Please mail the check to my/our address below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I am aware there may be outstanding checks, automatic payments, and automatic deposits that may be presented to my previous account(s). My request takes these items into consideration.



# Change of Direct Deposit

Complete, print, and sign one form for each direct deposit currently being sent to your old checking account. Mail the completed forms to the companies who currently make direct deposits into that account. To ensure accuracy, attach a voided check and include the account number the company uses for your account.



## Notice of Change of Direct Deposit

I authorize you to redirect my direct deposit noted below to my Clarion County Community Bank account.

To: \_\_\_\_\_  
Company Name

From: \_\_\_\_\_  
Customer Name

\_\_\_\_\_  
Company Mailing Address

\_\_\_\_\_  
Customer Mailing Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
City, State, Zip

My Account number with your business is: \_\_\_\_\_

Description of deposit (social security, retirement, payroll, etc.): \_\_\_\_\_

Please redirect my Direct Deposit to my new Clarion County Community Bank account:

Immediately

Beginning \_\_\_\_ / \_\_\_\_ / \_\_\_\_

My new account number is: Routing Number: **0433-1879-1** Account Number: \_\_\_\_\_

Type of Account:  Checking

Savings

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Phone: \_\_\_\_\_

*Attach a VOIDED check from your  
Clarion County Community Bank  
Checking account HERE.*

Complete this form for each depositor (employer, Social Security, etc.) with whom you have arrangements for Direct Deposit.



# Change of Automated Payment

Complete, print, and sign one form for each payment currently being drafted from your old checking account. Mail the completed forms to the merchants or companies who are currently taking automated payments from that account. To ensure accuracy, attach a voided check and include the account number the company uses for your account.



## Notice of Change of Automated Payment

I authorize you to redirect my automated payment noted below to my Clarion County Community Bank account as indicated.

To: \_\_\_\_\_  
Company Name  
\_\_\_\_\_  
Company Mailing Address  
\_\_\_\_\_  
City, State, Zip

From: \_\_\_\_\_  
Customer Name  
\_\_\_\_\_  
Customer Mailing Address  
\_\_\_\_\_  
City, State, Zip

My Account number with your business is: \_\_\_\_\_

Description of payment: \_\_\_\_\_

Please redirect my automated payment to my new Clarion County Community Bank account:

Immediately  Beginning \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

My new account number is: \_\_\_\_\_ Routing Number: 0433-1879-1 Account Number: \_\_\_\_\_  
Type of Account:  Checking  Savings

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

*Attach a VOIDED check from your  
Clarion County Community Bank  
Checking account HERE.*

Complete this form for each company (utility, insurance, etc.) with whom you have arrangements for Automatic Payment.



# Change of Automatic Transfer

Dear Sir or Madam:

You are currently making the following automatic transfer on my behalf:

Amount: \_\_\_\_\_

From: \_\_\_\_\_

To: \_\_\_\_\_

Account Number: \_\_\_\_\_

Schedule / Frequency: \_\_\_\_\_

Please use this letter as my authorization to switch the transfer to the below listed account at Clarion County Community Bank:

Institution: Clarion County Community Bank

Routing Number: 0433-1879-1

Account Number: \_\_\_\_\_

All other aspects of the transfer should remain the same. I would like to make this change effective as of \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_.

Telephone Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

